



Department of Criminal Justice Services
Forfeited Asset Sharing Program
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DCJS Seizure #:

DCJS 999 Form

**SEIZED PROPERTY DISPOSITION
SHARING DECISION FORM**

Please type.

**SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY A COURT ORDER
AND A CHECK FOR FORFEITED CURRENCY OR BILL OF SALE OF FORFEITED ITEMS.**

1. Seizing Agency: _____ E-Mail Address: _____

2. Seizing Agency Case No.: _____ 3. Case Name: _____ 4. Date of Court Disposition: _____

5. Disposition of Property Seized:

<input type="checkbox"/> Forfeiture List of Item(s) Forfeited:	<input type="checkbox"/> Dismissal List of Item(s) Dismissed:	<input type="checkbox"/> Release to Lien Holder List of Item(s) Released:	<input type="checkbox"/> Release to Innocent Owner List of Item(s) Release:

6. Contact Officer: (Print)

Name	Title	Telephone
Signature: _____	_____	Date: _____

7. Joint Agency Sharing Decision: Percentages must be listed for all agencies

Agency: _____ %	Agency: _____ %
Agency: _____ %	Agency: _____ %
Agency: _____ %	Agency: _____ %
Agency: _____ %	Agency: _____ %

8. Certification: I certify the above information is true and accurate, that the property transferred will be used for the law enforcement purpose stated, and that all monies received pursuant to this request will be deposited and accounted for consistent with applicable state laws, regulations, and court orders.

Chief/Sheriff/Superintendent: (Print)

Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Signature _____	Signature _____	Signature _____

9. Intended Law Enforcement Use of Property: A=Salaries, B=Purchase Vehicles, C=Purchase Equipment, D=Place into official use, E=Other please explain)

10. Fiscal Officer(s) to Receive Forfeited Proceeds: (Print)

Name _____	Title _____	FIN _____
Address _____	_____	Telephone _____
Name _____	Title _____	FIN _____
Address _____	_____	Telephone _____
Name _____	Title _____	FIN _____
Address _____	_____	Telephone _____